stool specimens taken at this time from other members of the family.

Two interesting possibilities are raised by this sequence of events: (1) Symptomatic *Clostridium difficile* infection in the general population is more common than is realised, but it is missed because the illness may be mild, though chronic, and is not routinely considered. (2) There were several cases of *Clostridium difficile*-associated colitis on the wards where I was working at the start of my son's illness, and it is possible that I was an asymptomatic carrier of what is, in reality, an infectious disease.¹

Also, it supports the efficiency of metronidazole in treating this condition as opposed to the more expensive alternative of vancomycin.²

References

- ¹ Price A B. Pseudomembranous colitis. In: Wright R, ed. *Recent advances in gastro-intestinal pathology*. London: Saunders, 1980: 164.
- ² Bolton R P. Letter: Vancomycin dose for pseudomembranous colitis. *Lancet* 1980; ii: 428.

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Bone marrow transplantation

Sir,

The recent helpful annotation by Barrett¹ on this subject suggests that children with poor risk (B- or T-cell) acute

lymphoblastic leukaemia (ALL) might benefit from transplantation in first remission. While the poor prognosis of B- ALL² warrants this therapeutic approach, the mere presence of T-cell surface markers does not in itself constitute sufficient indication for early transplantation. The poor prognosis of T- ALL is chiefly a reflection of its association with a large leukaemic cell mass at presentation and it remains uncertain whether or not the presence of T-cell markers *per se* is of independent prognostic significance. Multivariate analysis of prognostic features³ enables a more accurate definition of prognostic groups and might, with advantage, be used to select patients at high risk of early treatment failure for whom transplantation might provide effective therapy; these will not necessarily be patients with T- ALL.

References

- ¹ Barrett A J. Bone marrow transplantation. *Arch Dis Child* 1980; **55**: 750-2.
- ² Flandrin G, Brovet J C, Daniel M T, Preud'homme J L. Acute leukemia with Burkitt's tumor cells: a study of six cases with special reference to lymphocyte surface markers. *Blood* 1975; **45**: 183-8.
- ³ Miller D R. Acute lymphoblastic leukemia. *Pediatr Clin North Am* 1980; **27**: 269-91.

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